

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	1						
12							
13							
14	1						
15	1						
16	1						
17		1					
18		2					
19		1					
20		1					
21							
22							
23							
24							
25							
26							
27							
28		2					
29		2					
30		2					
31		2					
32		2					
33		2					
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48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						